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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

None *rn*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

None *rn*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY PA	SHEETS DRAWING 3	TOTAL CLAIMS 11	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>rn</i>				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

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## TITLE

Hair clip assembly

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